

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033122

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 296

STATE FILE NUMBER

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
Length of stay in 1b 55 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 209 E. Cooper St	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ernest Middle Rudolph Last Ireland			4. DATE OF DEATH Month 8 Day 23 Year 63		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/16/08	9. AGE (last birthday) 55	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY labor			11. BIRTHPLACE (City and state or country) Sedalia Mo.		
13a. FATHER'S NAME George Thomas Ireland			13b. MOTHER'S MAIDEN NAME Mary Carrie Garvitt		
14. NAME OF HUSBAND OR WIFE Elva Ireland			12. CITIZEN OF WHAT COUNTRY USA		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.II		16. SOCIAL SECURITY NO. W.W.II		17. INFORMATION Mrs. Elva Ireland (Wife)	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Common exclusion		INTERVAL BETWEEN ONSET AND DEATH Autopsy	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> VIEWED		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sedalia	COUNTY Pettis	STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Olga Sandra Stauffer	(Degree or title) MD	22b. ADDRESS Converg Print Co.	22c. DATE SIGNED 8-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-28-1963	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia Mo.

24. FUNERAL DIRECTOR Allen-Sons Funeral Home	ADDRESS 117 E. Jeff.	25. DATE RECD. BY LOCAL REG. 8-27-1963	26. REGISTRAR'S SIGNATURE James H. Anderson
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Sedalia Mo. 746-3555 (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
VS 300 Rev. 4/59
1 0508
2 0808
3
4 2
5 1
6
7 0
8 2
9 20.1
10
11
12 90.0
13 1-0

SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

11/16/63

11/16/63

SEP 4 1963

SEP 16 1963

11/16/63

11/16/63

11/16/63

11/16/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. A. Hardiman

Licensed Embalmer No. 4378

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

11/16/63